

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43396

State File No. _____

DEC 27 1950

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>133</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Wash Township</u> c. LENGTH OF STAY (in this place) <u>4 yr 4 mo 1 d</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp 3 Nevada Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Christian</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Cleaver</u> d. STREET ADDRESS (If rural, give location) <u>rural</u>			
3. NAME OF DECEASED (Type or Print) <u>NANCY - JANE - HOLDERBY</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>Dec 18, 1950</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Oct 27, 1873</u>		9. AGE (in years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Texas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Robert Hart</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Barress</u>		14. NAME OF HUSBAND OR WIFE <u>James Holderby</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital 3 Nevada</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic</u> ANTECEDENT CAUSES <u>Heart Disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Senility - Malnutrition</u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>4500</u>			
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 17, 1946</u> , to <u>Dec 18, 1950</u> that I last saw the deceased alive on <u>Dec 18, 1950</u> and that death occurred at <u>1:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul L. Barone M.D.</u>				23b. ADDRESS <u>State Hospital 3 Nevada</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Dec 22 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WISE HILL</u>		24d. LOCATION (City, town, or county) (State) <u>CLEVER MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>Dec 18-50</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Young</u>		331		25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Hines</u> ADDRESS <u>Cleaver Mo.</u>	

(Signed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 22 1950

Dist. File 12-50-2551

Date Filed 12-22-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleves, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.